DOCUMENT RESUME

ED 067 592 CG 007 499

AUTHOR Westman, Jack C.; Stiles, Christine L.
TITLE The Child Advocacy System: A Case Report.
PUB DATE 72
NOTE 17p.; Paper presented at the 1972 Annual Meeting of the American Orthopsychiatric Association, April 5-8, Detroit, Michigan

EDRS PRICE MF-$0.65 HC-$3.29
DESCRIPTORS Child Care; Child Development; Childhood; *Childhood Needs; Children; *Child Welfare; Dependents; Parent Child Relationship; Parent Responsibility; *Program Development; *Program Planning; School Responsibility; *Social Problems
IDENTIFIERS Child Advocacy

ABSTRACT

This report is a description of experiences in the state of Wisconsin over the past four years in laying the foundation for testing the feasibility of the child advocacy concept. This experience with statewide child advocacy planning identified a number of critical issues. There was found to be a general lack of awareness, misunderstanding, neglect of children's problems in addition to limited application of existing knowledge. In spite of these barriers, it was emphasized that the child advocacy concept has fundamental appeal when it can be divorced from particular interest groups or levels of government. It was discovered that the parents of unserved troubled children represent the most potent force for change. The public schools were also mentioned as a force in society having a stake in child advocacy planning. It was concluded that the child advocacy concept offers an instrument for bringing the voice of the dependent, inarticulate young into a society planned and managed by adults. (Author/BW)

FILMED FROM BEST AVAILABLE COPY

ED 067592

THE CHILD ADVOCACY SYSTEM
A CASE REPORT

Jack C. Westman, M.D.
Christine L. Stiles, B.A.

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
OFFICE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY

Presented at the 1972 Annual Meeting of the American Orthopsychiatric Association, Detroit, Michigan.

CG 007 499

THE CHILD ADVOCACY SYSTEM - A CASE REPORT

Jack C. Westman, M.D.*
Christine L. Stiles, B.A.**

At no previous point in this country's history has the rhetoric of national commitment to children coincided with an interdisciplinary professional commitment to the total needs of children, their families and their communities. Of all emerging plans affecting children, the child advocacy concept has attracted particular attention because it crosses the territorial interests of professional disciplines. Furthermore, the advocate planner role has gained support as a professionally augmented voice for minority groups (3).

Although there may be ample justification for castigating society's neglect of children, the inadequate impact of our numerous services for children results from an overlooked, yet starkly obvious, fact. It is simply that the consumer - the child - has not and cannot have a voice in the service delivery systems that affect him. Ideally, parents are the child's natural spokesman. They provide for his basic needs and, when necessary, seek redress on his behalf. Unfortunately, a few children have no parents, some live in a one-parent world and many live in families preoccupied with mental, physical, economic, or social distress. But even more striking is the fact that even well motivated, highly competent parents find themselves unable to promote their own child's interests because of factors in the child's world beyond their control. We find, then, that many children lack specific advocates for their needs, and all children require more effective consideration in programs that affect them.

Beyond awareness of the needs of children, however, is the growing realization among

---

*Professor of Psychiatry, University of Wisconsin, Madison, Wisconsin.
**Child-Adolescent Services Coordinator, Wisconsin Association for Mental Health, Madison, Wisconsin.

professional workers that no single discipline can work alone with a child, giving rise to the growing prominence of interdisciplinary teams, whether for the treatment of a disturbed child or for teaching seventh graders in a public school. A ground swell of professional support for a child advocacy system has been expressed through the recommendations of the Joint Commission on the Mental Health of Children and the 1970 White House Conference on Children (2,4).

Because of its potential for significant impact on the lives of children, the child advocacy concept merits thorough consideration. The National Institute of Mental Health has funded demonstration projects at the local level, and federal legislation has been proposed stressing local offices of child advocacy. Many questions have been raised, thus far, ranging from fears of establishing an unwieldy bureaucracy to concern that such a system would dilute efforts to change the structure of society (1,5).

THE WISCONSIN PLAN

This report is a description of experiences in the state of Wisconsin over the past four years in laying the foundation for testing the feasibility of the child advocacy concept (7). In 1968 a group of laymen and professionals began collaborative planning largely through the child-adolescent committee of the state mental health association. The Wisconsin Association for Mental Health was chosen as the sponsoring organization because of its awareness of the special plight of the emotionally disturbed child and because the mental health of all children depends upon their physical, intellectual, educational, social and legal welfare.

The child-adolescent committee developed a strategy based on the following assumptions:

1) The child advocacy concept would provide a convenient and acceptable focus for drawing attention to children.

2) Stimulating awareness of children's problems would uncover unmet needs.

3) From identification of needs, spedific action programs would flow.

4) No single child advocacy model would meet the needs of all communities.

At that point in time the thrust was to regard child advocacy as a state of mind ("think child") rather than as a specific voice for a child ("child power"). The aim was to promote recognition 1) that children are our most important national natural resource, 2) that children are unique in their developmental needs, and 3) that childhood is the target age for preventing both physical and mental disability in later life.

The next step within the state association was to establish a Parent-18 Committee, the charge of which was to organize the parents of troubled children and youth. Through a federal program grant* under the aegis of the state Division of Mental Hygiene, a staff position of child-adolescent services coordinator was established within the state mental health association to support the work of the two committees.

Drawing upon its own organizational structure, the Wisconsin Association for Mental Health encouraged its 70 county chapters to develop Child-Adolescent Services Committees. Active committees have been formed in a majority of chapters, comprised of both lay and professional membership. (8) They are carrying out within their own counties an assessment and evaluation of community services within the mental health, educational, health, social services, legal, and correctional areas, as well as exploring the feasibility of local child advocacy councils.

At the regional level the state mental health association planned and carried out 11 public hearings throughout the state to bring together laymen and professionals and identify specific needs and issues. The issues identified through the hearings are representative

* 314 (d) Grant, Public Law 90-174; U.S. Department of Health, Education and Welfare.

of those reported in other areas and can be summarized as follows:

1) Greatly increased public and professional education is needed to a) draw attention to the plight of troubled children, b) sensitize professionals dealing with children through inservice and postgraduate training, c) improve parents' child-rearing skills, and d) disseminate information about available services.

2) Community mental health centers do not have adequate services for children and adolescents at the outpatient and transient residential levels.

3) Public schools do not provide adequate special services in the form of psychological, social work and special educational programs, and all teachers require training in child-teacher relations.

4) Communities require services for preschool children, therapeutic nursery school programs, and recreational facilities, group homes and transient care facilities for adolescents. Regional child psychiatric centers are needed for consultation and residential services.

5) Eligibility for children's services often depends upon category of disability, forcing the management of only parts of children's problems. Furthermore, the legal rights of parents and children are not adequately considered in children's statutes and social agency practices.

6) Generally improved coordination of services, dealing with the child-family-community unity and more emphasis on prevention are needed. Regular "family mental health checkups" have been suggested parallelling health examinations.

The regional hearings led to regional training conferences the following year for both professionals and laymen aimed at promoting local leadership and social action through furthering knowledge about children and the political process

At the state level, the Wisconsin Association for Mental Health recommend the establishment of a Child Advocacy Council as a statutory agency within the administrative offices of the Governor. There is discussion both within and from outside of the existing Governor's Committee on Children and Youth to change the charge and

focus of this group to become the Governor's Advocacy Council for Children and Youth. At the present time, Governor Patrick Lucey has submitted a funding request to H. E. W. for an Advocacy Council. The proposed functions of that Council are detailed in Appendix I. Further steps underway at the State Mental Health Association level include organizing a coalition of state organizations concerned with children and families.

The Wisconsin Plan essentially is the simultaneous stimulation of activity at local, regional and state levels. At this point a number of specific situations have emerged in which individuals have acted as newly found advocates for children in need. Although both the need for new services and expanding existing resources has emerged, the principle thrust has remained upon broad issues. For example, organizing the parents of troubled children and identifying community needs through local hearings typify the community level focus. Considerable use has been made of the mass media and of public relations materials in the form of brochures, pamphlets and organizational manuals.

OBSERVATIONS

Thus far, the Wisconsin experience has identified issues arising as each step has been taken. The nature of these issues varies widely depending upon one's age, background and place of residence. For example, our experience confirms the existence of a generally ambivalent public attitude toward children, on the one hand reflected in the child's appealing image for charitable efforts and on the other hand in children's programs' low status in budget priorities (6). One gains the impression that the American image of youthfulness reflects adults' preoccupation with preserving youth rather than devotion to the young. With little awareness

of what children actually need, planning for young people actually has been based upon adult perceptions of their needs. Programs for the young have been based upon adult judgments of what is best for them, or, more grimly, upon whatever would "dispose of them" in moments of crisis.

Another reaction to child advocacy has been a tendency to equate advocating children's wants with their needs. This confusion is seen frequently in both the lay and professional well-meaning efforts to "understand" troubled children. Not infrequently "understanding" a child means taking literally his own expressed wishes or behavior as expressions of his needs. More accurately the child advocacy process accepts the responsibility of decision-making for children and recognizes that children need not only protection from others, but protection from themselves.

Of particular significance because of initial mental health sponsorship is the point that child advocacy pertains to all children, not just those representing a special group, for example, the mentally retarded or the emotionally disturbed. The broad view of preserving the mental health of those who have it, restoring the mental health of those who are disturbed, fulfilling the potential of the mentally retarded, building the confidence and motivation of the physically handicapped, enriching the world of the blind and the deaf, achieving self-realization for the economically and experientially disadvantaged and promoting rewarding parenthood for the parents of all children comes closer to the aims of meaningful child advocacy.

A frequently encountered suggestion is that child advocacy should be family advocacy. There is concern that focusing only on the child overlooks his parents and de-emphasizes the importance of the family, perhaps indirectly weakening the nuclear family unit. Because there are circumstances under which advocacy for a child might necessitate an alteration in

his custody, emphasis upon the needs of the child is preferable to assuming that parent advocacy would take them into account. On the other hand, a child's right to his own parents and his parents' right and need to carry forth his rearing are inherent parts of child advocacy. Furthermore, there are many situations in which parents desire and require aid in raising their children, and advocacy for their children means principally aid for the parents.

In the legal arena the advocacy role for a child is a familiar one through the simple mechanism of providing counsel to a dependent child, a guardian ad litem. The special challenge of the counselor's understanding of the developmental qualities of his youthful client is a matter of importance with teenagers. Special problems have been encountered around the hospitalization of adolescents for psychiatric treatment through their parents' authorization. The fact that many adolescents have been released from state hospitals and ultimately diverted to correctional channels during the transition of juvenile courts to an adversary model has given credence to the argument that child advocacy can be exploited by older teenagers to their own ultimate detriment.

For many adults it is difficult to approach children without feeling either compassion or rejection. Even experienced professional workers have limited capacity for comfortable dialogue with the young. The moments of encounter between adults promoting child advocacy and young people themselves, therefore, can be at the least awkward and at the most violent. As a long range aim, the promotion of dialogue between the younger and the older is a central aim of child advocacy. Among the deterrants to dialogue seem to be a tendency for adults to deny the childish aspects of themselves; idealization of the young seemingly connected with the older person's wish to be young again; a fear that, if not controlled, the young will overthrow, a fear of threat of replacement of the older by the younger, an element of envy for some adults of the standard of living available even to the less fortunate young

today; and of often unrecognized importance - a fear that advocating the needs of children will expose adult inadequacies and oppression of children.

Specific challenges are encountered around the following questions: 1) Whose idea is child advocacy? 2) Will money come through child advocacy? 3) Will child advocacy hurt me? 4) Will child advocacy help me?

WHOSE IDEA IS IT?

An interesting, yet predictable, finding has been the issue of seniority with respect to who cares the most about children and who has the longest history of advocating their needs. Although welcoming the attention child advocacy awards, there is a tendency for child-oriented professionals in the health, welfare and educational fields to see the "upstart" aspect of child advocacy as a recently arrived "panacea" for all problems.

Although the national education budget is dwarfed by the defense budget, nonetheless, in communities public and private schools are quite visible and significant. It is understandable that educators could view others with interests in children as intruders upon an area of their concern and expertise. Actually, educators are aware of their own needs to become more familiar with child development and special children. We found the significant problems did not arise from educational workers, but from their funding sources, very often struggling with rebellious taxpayers. In general educators have not appeared to be threatened by the child advocacy concept; instead they see it as supporting their efforts. This is of particular importance because schools often are the recipients of complaints arising from advocating the needs of a specific child for an individualized educational program. If child advocacy is seen as supporting rather than as attacking their work, schools can gain leverage in obtaining funds to carry on needed programs.

The White House Conferences on Children and Youth are reflected in differing ways

at the state level, however, there has been a growing tendency to involve youth, and a wide base of participants are drawn upon for the Conferences and intervening state activities carried on by governor's committees on children and youth. Each state accordingly has a pool of individuals who have been vital to the White House Conference structure and have been identified with the interests of children and youth over the years. There is a tendency toward skepticism for some people with that background. At the same time they recognize that lack of public awareness has limited the impact of previous White House Conferences, and that child advocacy provides an additional ground swell of support for them at this time.

Another group of senior children's workers are in both public and private child welfare agencies. Because of the nature of agency structures, territorial issues become important, particularly if there is a strong tendency to think in terms of basic divergencies between child welfare and mental health work. This group tends to appropriately stress the child's need for an intact family and legitimately question any thinking that does not recognize each child's dependency upon his parents. Because of their experience with neglected children, they also stress the need for strong advocacy for youngsters who are not yet perceived as "thorns" in the side of society.

A significant challenge to child advocacy thinking by professionals lies within the community mental health area. It is in this area that one encounters the view that the current concepts and practices of community mental health provide adequate coverage for children and youth. This viewpoint is more evident at the state planning level than within community mental health centers themselves.

IS THERE MONEY?

The reflexes of professionals at all levels are attuned to the availability of federal funding. The magic word is that federal money will be, or is, coming through a new pipeline. The availability of Developmental Disabilities funding provides an immediate precedent. Of special interest, then, is the observation that discussions of child advocacy in fact do not give the impression that the movement will die on the vine without massive funding.

There clearly is concern about money to establish new services, however, these new services are usually specifically identified according to each community and tend to center around health, education and welfare services for young children. In fact, the concerns seem also to include the fear that an unweildy child advocacy agency structure would emerge if substantial federal money became available. Great care will be needed to avoid reducing child advocacy to the status of "just another" funding pipeline with its prestige dependent upon the financial impact of its budget.

Sentiment has emerged that coordinating existing services and achieving child oriented programming at local levels would suffer if child advocacy were seen as a purely federal concept. The coordination of a range of services around an individual child at the local level cannot be directly related to a bureaucratic administrative structure. In fact, the argument can be advanced that the need for child advocacy today results from the inability of governmental structures in themselves to assume an individual advocacy role.

WILL IT HURT ME?

The most vocal criticism of child advocacy comes from conservative political groups who envision child advocacy as undermining parental influence and as an attack on the family. these critics clearly link child advocacy with child care federal legislation. One of the most important advantages of working through the state mental health association has been the fact

that child advocacy thinking has not been implicitly identified with the implementation of a federal plan. Regardless of one's hopes, our experience suggests that the political realities are such that linking child advocacy solely with federal sponsorship will significantly limit its impact. An extension of this problem is the danger that child advocacy will be limited to one aspect of life. For example, linking child advocacy to day care programs illustrates the way in which the source of funding can restrict the usefulness of the concept.

From another direction the radical extreme in political philosophy, also, has expressed sharp criticism of child advocacy. Some teenagers wish to speak directly for themselves, fearing that an advocate would deprive them of their positions. The suggestion has been made that the Governor's Advocacy Council for Children and Youth should have a majority of teenage members. We face squarely here the developmental phenomena of late adolescence and post-adolescence with the pivotal question of when a young person is capable of assuming responsibility for various aspects of his life. The issue of minority has been resolved in varying ways, an automobile license being issued at the age of sixteen, and voting at eighteen. Undiscovered is a flexible, realistic method for determining when a young person can assume responsibility for other decisions and activities that influence his life. When fears of adult oppression are allayed, child advocacy becomes an important resource for adolescents, who either individually or collectively require consideration of their special needs.

WILL IT HELP ME?

The questions about child advocacy posed by mental health professionals and the parents of disturbed youngsters relate to whether or not new services will be promoted. Although identifying the needs of children will point up the need for new services and expansion of those already existing, apprehension does exist that child advocacy does not sufficiently stress unserved disabled children. If new services are shown to be needed, and in many communities there are obvious needs, child advocacy stands for services. On the other hand,

it is likely, as already demonstrated in many areas, that better utilization and coordination of existing services are the primary thrusts. Child advocacy does, then, mean new and expanded services.

The matter becomes more complicated at the level of primary prevention. In this area the greatest problem exists in implementing the principle that young children require continuity of care and relationship over time. It is here that child advocacy promotes the model of the nuclear family with appropriate community supports. It is in this area that child advocacy itself runs counter to existing community trends toward fragmentation of children's lives. Providing a stable, continuous life experience for children is difficult within the current welfare system and policies of categorical provision of aid to children relating only to parts of their lives.

Although not completely recognized by all, existing health and welfare programs stand to gain from child advocacy thinking. The progressive shift downward in age of populations in state institutions and the large number of still unserved children and teenagers make it likely that these age groups will continue to require services which hitherto were available only to adults. One finds, then, that forward looking state hospital superintendents plan for the day when much of their work will be with young people and their families.

SUMMARY

This experience with statewide child advocacy planning has identified a number of critical issues. There is general lack of awareness, misunderstanding, neglect of children's problems in addition to limited application of existing knowledge. In spite of these barriers the child advocacy concept has fundamental appeal when it can be divorced from particular interest groups or levels of government.

The challenge for advocates of children is to find leverage points for shifting social

attitudes toward the developmental needs of children. Our experience suggests that the parents of unserved troubled children represent the most potent force for change, as parents of retarded children have learned. The public schools, also, have a stake in child advocacy planning because of their inherent dedication to children and their awareness of existing needs. Furthermore, the progressive gain in credibility of older youth will insure their participation in the child advocacy process. Although difficult to assess at the present time, one of the long range sources of support for child advocacy may well be adults themselves who discover that turning their interest downward in years to the young is a realistic way to preserve their own youthfulness. It is possible that our society has pursued the illusive "fountain of youth" long enough so that it can move beyond a competitive to a generative relationship with the young.

Our experience suggests that child advocacy can realistically aim at a basic shift in attitude toward the young, both through speaking for individual children and promoting policies beneficial to all children. In order to achieve this level of impact it is our opinion that linking child advocacy with a specific program will defeat its long range aims and that a broad base of local, state, federal, private and consumer participation is necessary in order to realize its full potential. We see child advocacy as a state of mind that leads to action. Individual advocacy will be helpful, but not sufficient, to produce social attitude change. Of equal importance is capitalizing on broad public interest in the prevention of mental and social disorder through attention to children.

The present willingness of society to legitimatize advocacy of the needs of the young is not a surprising sequel to the decade of the sixties during which the power of older youth became apparent, and parents and society were confronted with the question "Where did we go wrong?"

Child advocacy thinking, then, offers the public relief from problems arising from

inadequate planning for children and youth, increased visibility of efforts to promote the welfare of the young, improved additional services in child caretaking areas, public schools, social agencies and clinical treatment facilities, and the ultimate preparation of a more competent, contributing citizenry. Problems arising in adult life from troubled childhoods could be significantly decreased.

Although obviously not a panacea, the child advocacy concept offers an instrument for bringing the voice of the dependent, inarticulate young into a society planned and managed by adults. We no longer need only research to determine the requirements of developing children. In fact, our knowledge of what needs to be done far exceeds our ability to implement at the present time. The national impetus for child advocacy does rest upon a broad popular base which can be tapped if our preoccupation can be shifted from the details of what a child advocacy system should be, attracting only those who are for or against a particular plan, to the broader thrust of calling public attention to what children need at all levels.

REFERENCES

1. Bower, E. M., The Joint Commission Report on Children: A Reaction, American Journal of Orthopsychiatry, 41:793-797, October, 1971

2. Delaney, James J., The Child Advocate, 1970 White House Conference on Children. Report to the President, Washington, D.C.: U.S. Government Printing Office, 1971.

3. Guskin, A. E. and Ross, R., Advocacy and Democracy: The Long View, American Journal of Orthopsychiatry, 41: 43-57, January 1971.

4. Joint Commission on the Mental Health of Children, Crisis in Child Mental Health, New York: Harper & Rowe, 1970.

5. Knitzer, J., Advocacy and the Children's Crisis, American Journal of Orthopsychiatry, 41: 799-806, October 1971.

6. Rexford, E. N., Children, Child Psychiatry, and Our Brave New World, Archives of General Psychiatry, 30:25-37, January 1969.

7. Wisconsin Association for Mental Health, A Child Advocacy System for the State of Wisconsin, Report of Child-Adolescent Committee, October 1971.

8. Community Mental Health Field Education Unit, University of Wisconsin-Milwaukee School of Social Work, Report: Parent-Advocates for Children Today, June 1971.

APPENDIX I.

FUNCTIONS OF THE GOVERNOR'S ADVOCACY COUNCIL FOR CHILDREN AND YOUTH

I. Formulate the state's overall philosophy concerning services for children and youth

II. Provide a focal point at the state level for identifying the needs of children and youth:

1. As a vehicle for public hearings

2. As a clearing house to receive and evaluate concerns and forward recommendations to appropriate state agencies

III. Assist and advise the Governor in matters pertaining to children and youth:

1. In creating and evaluating state budget items concerning children's services

2. In recommending priorities for the use of public funds in support of children's services

3. In evaluating the impact of state funding on community programs for children and in recommending emphases in state financial aid formulas

4. In recommending policy positions for the Governor in matters pertaining to children and youth

IV. Facilitate the coordination of services to children and youth:

1. By stimulating the implementation of planning efforts by state agencies

2. By recommending means for adapting state agency structures and programs to the needs of children

V. Utilize legislative and legal channels to facilitate greater responsiveness to needs of children and youth:

1. Through participating in the creation of state programs and legislation affecting children and youth

2. Through reacting to legislative proposals either directly dealing with children's services or indirectly affecting lives of children and youth

3. Through supporting class action litigation for parents and children

VI. Promote regional and local systems of child-youth advocacy for the state.